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Chirurgical Essays,
ON THE
CAUSES AND SYMPTOMS
OF
RUPTURES;
THEIR
NATURAL CONSEQUENCES, IF
NEGLECTED;
AND THE
VARIOUS DANGERS IN APPLYING
TRUSSES.

WITH
CASES TO ILLUSTRATE THE SUCCESS OF
AN IMPROVED METHOD OF TREATMENT
AND CURE.

By T. BRAND,
MEMBER of the CORPORATION of SURGEONS in LONDON,
and SURGEON Extraordinary in CASES of RUPTURES to His
MAJESTY'S ROYAL HOSPITAL at GREENWICH.

TO WHICH ARE ADDED,
The OPINIONS of the late Sir EDWARD BARRY; and
JOHN HUNTER, Esq; Surgeon Extraordinary to the KING,
confirming the peculiar Efficiency of the ELASTIC BANDAGES
applied by the AUTHOR.

*Hofis adest dextrâ lævaque à parte timendus
Vicinoque metu terret utrumque latus.* OVID.

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P R E F A C E.

IN the course of a very extensive practice in the treatment of Ruptures, I have seen so many melancholy cases arising from the negligence of patients, the presumption of quacks, and the ignorance of truss-makers, that I felt myself urged by the common principles of humanity to publish the following pages.

The number of patients afflicted with Ruptures, who fall the victims of their own negligence and of mismanagement, is incredible; but the survivors hardly ever reap, even the sad advantage of being warned by the sufferings of those who are lost
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by these disorders. The real cause of death is generally concealed from motives of delicacy; and although it is sometimes called a mortification of the bowels, the true cause of that mortification is seldom made known.

A Rupture in itself, is perhaps one of the most insidious disorders that mankind are subject to. It often takes place unperceived by the patient, and it will sometimes remain even a considerable time without giving particular uneasiness.

The patient who is informed that he has a Rupture, very naturally concludes, that while he is free from pain there is nothing to fear; but this fallacious security frequently betrays him into the most painful and perilous situations.

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In most diseases we are warned by the symptom of pain to seek for relief before the approach of danger; but it is the misfortune of a Rupture that it is no sooner in pain than it is in danger, and pain and danger often come on with such rapidity as to baffle all possible means of saving the patient.

The most painful task that any one can be obliged to perform, is to point out disagreeable truths. Yet it is my opinion, that a surgeon acquainted with the true nature of a Rupture, ought not to permit a patient with such a disease, to depart ignorant that he is liable to very serious consequences from neglect or mismanagement. I am however not unaware, that there are
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difficulties in disclosing such truths *viva voce*. A surgeon of the utmost integrity, and actuated by the very best intentions towards his employer, will sometimes be apprehensive, lest he should be suspected, especially by strangers, to act from other motives besides the good of his patient.

As mankind in general are liable to become patients, so patients will partake of the good and bad qualities of human nature. If some from their credulity are imposed on, and injured by the false pretensions of quacks; there are others so destitute of gratitude and honour, that they will avoid as much as they can, to recompence those benefits which they have received by the assiduity and judgment of men of science. But it

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is not my present business to dwell upon the weakness of the credulous, or the baseness of the ungrateful.

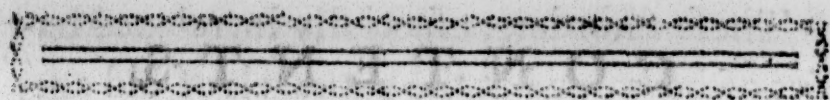
If from this short sketch, any of those who are interested to learn what is to be done by art and judgment for these terrible complaints, can receive any satisfactory information, I shall be satisfied; and, if by pointing out the latent dangers of *negligence*, as well as of *inadequate treatment*, I shall be the mean of saving the life of any worthy individual, my object will be happily accomplished.

No. 2, SOHO-SQUARE,
LONDON

T. BRAND.

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OF THE
CAUSES
OF
RUPTURES.

THE disease called a Rupture, is as commonly the consequence of accident, as a fractured bone, a dislocation, or any other injury the human body is liable to from violence.

It is generally supposed, that extraordinary exertions, or strains, are the necessary causes of Ruptures; but so slight are the causes that will bring on these complaints sometimes, that patients are unable to recollect how or when the accident originally happened.

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These disorders, especially in relaxed habits of body, and at the approach of old age, come on by such imperceptible degrees, that patients have remained ignorant of their situations, 'till alarmed by the symptoms of a strangulation. Instances have occurred of patients who have suffered the symptoms of a strangulated hernia and died, without the cause having been discovered, even by those who attended them, until the body was examined after death.

Among the numerous causes of Ruptures, the following are not the least frequent, viz. a sudden sneeze, a violent fit of coughing, excessive laughter, passion, loud speaking, an epileptic fit, wrestling, jumping, a severe emetic or accidental vomiting, constipation, with the difficulty of expelling indurated fœces, a blow on the part; and I have known an hernia occasioned by slipping off the footpath in walking, and by so trifling an exertion as drawing the cork from a bottle.

From a review of these causes, it must appear that no one, however circumstanced

cumstanced, in respect to age, habit of body or situation of life, can be considered as exempted from the reach of these complaints.

The persons most liable to Ruptures, are those of lax and delicate habits of body, especially when exposed to sudden and severe exercises; and, when the constitution has been relaxed by a residence in hot climates, by illness, particularly after long and severe courses of mercurial medicines.

No strength of constitution whatever can prevent Ruptures: and although any ill consequences from strains, &c. may be less apprehended where the body is firm, than when the habit is weak and ductile, yet we find that the most robust men are liable to Ruptures.

Children are subject to these complaints, even from the moment of their birth. The common indispositions of infancy are very apt to occasion them. Excessive crying will force down a Rupture; the relaxation from teething, the straining from

fits, hooping cough, &c. are very common causes, and when a Rupture has taken place, these disorders necessarily render it worse, and the cure becomes more difficult and more tedious.

The careless and inadequate manner in which children, and young patients, are often treated for the cure of Ruptures, proves the source of great future mischief and misery. Some are lost, but many are ruined.

It is common for the self-sufficiency of ignorance to make light of what it does not understand. Nurses, &c. generally call the Ruptures of children *only* the coming down of a little wind, which, they considering as of no consequence, expose the patient to the severest symptoms, and most fatal consequences. A greater violence certainly cannot be offered to humanity, than that which arises from the ignorance and neglect with which children are too often treated in these cases.

If the evil extended no farther than childhood, or, if the ill consequences of improper or inadequate treatment could be

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certainly removed at any future period, less anxiety might be expressed; but I have every reason to believe, that most of the incurable Ruptures now under my care, were rendered so by the presumption of nurses, quacks, and trussmakers, and the injudicious manner in which the patients were treated when young and curable.

Infants are very liable to the navel Rupture. This kind of Rupture in female patients demands particular attention for very obvious reasons.

Women are subject to Ruptures, but happily not in the same proportion as men. Childbearing women are exposed to the Rupture of the navel from the distention occasioned by pregnancy, and the straining of labour. There is reason to fear, that the danger of pregnancy is increased by the fashion which obliges them to comply with the unnatural custom of tight lacing.

Men are mostly subject to the hernia inguinalis and scrotalis, and those who are exposed to the severest exercises and most violent exertions are doubtless most liable
to

to these disorders. Perhaps no set of men are more so, or have Ruptures in a worse degree, than sailors.

Of the Situations, Symptoms, &c. of
RUPTURES.

EVERY one has a general idea that the stomach, intestines, liver, &c. are contained within the cavity of the abdomen or belly, and in a great measure supported and retained in their natural situations by the external surrounding parts.

It is not difficult to conceive, that if a wound be made through the containing parts into the cavity of the abdomen, that the viscera, or bowels, would fall out. This can only be in consequence of a penetrating wound; but we find that a similar effect, to a certain degree, takes place in the case of a Rupture, so far as relates to displacement of the viscera, when the containing parts have given way partially from within. A sufficient opening is made to permit

permit the viscera to fall from their natural situations.

The consequent tumour, that is formed by the protrusion or falling out of a portion of the viscera from their natural situations, is called a *Hernia, Descent* or *Rupture*.

These tumours called Ruptures commonly come out at the groin, navel, upper and fore part of the thigh, and at every other situation in the anterior part of the abdomen.

When a Rupture first appears, the tumour is generally small and easily reduced. By pressing it gently with the fingers it will readily return into the abdomen, especially if the patient be placed in a supine posture; but immediately, or soon after having withdrawn the pressure of the hand, or standing upright, the tumour will push out and make its appearance again.

It sometimes happens that a patient, who had been alarmed by the first discovery of a hernia, is both surprized and pleased in the morning after having been in bed, to find the swelling gone; but this
plea-

pleasure is of very short duration, as the swelling only disappeared in consequence of his having been in a supine posture, but soon after he gets up and moves about, it will again fall down*.

If the swelling presents itself at the groin, and falls no lower, the disease is called *hernia inguinalis*, *bubonocoele*, or groin rupture. As soon as the same tumour, from the accumulation of protruded viscera, becomes large enough to fall down into the scrotum, it is then called *hernia scrotalis*, *oscheocoele* or *scrotal rupture*. In women, the *hernia bubonocoele*, as it enlarges, falls down into the *labia pudendi*. If the swelling appears at the navel, it is called *hernia umbilicalis*, or navel rupture; if at the upper or fore part of the thigh,

* In reducing a Rupture, very particular care must at all times be taken, to avoid such a degree of pressure as may excite inflammation. If it be done in too much haste, or improperly, there is danger of bruising the spermatic vessels and testes, and bringing on an *hernia humoralis*; and the parts of which the Rupture is formed, may be materially injured.

thigh, hernia femoralis, or femoral Rupture; and if at any other situation of the anterior part of the abdomen, the disease is called hernia ventralis, or abdominal Rupture*.

At the time that part of the viscera is forced out to form a Rupture, it pushes and carries before it a portion of that fine dilatable membrane, called the peritoneum, which forms a kind of bag or pouch, and is the immediate receptacle of the descending parts, and thence acquires the name of the hernial sac.

As soon as the situation of a hernia is ascertained, the next consideration is, what part or parts of the viscera fall down to form the tumour. This is a knowledge of the last importance, when applied to practice,

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tice,

* Patients are often afflicted with two or more Ruptures at the same time. I attended a patient, who had not only the hernia scrotalis on each side, commonly called a double Rupture, but on the right side was also a hernia femoralis, he had besides an umbilical hernia and small hernia ventralis below it.

tice, and cannot I believe, be acquired from books.

The parts that most commonly fall down are, either a portion of the gut or intestines, a portion of the omentum or caul, and very often a portion of both. Sometimes the stomach, liver, bladder, and uterus, are forced from their natural situations into the hernial sac, when Ruptures have been neglected by the patient, or improperly treated.

When only a portion of the intestines falls down, the disease is called *hernia intestinalis*, *enterocele* or *intestinal Rupture*. If a part of the omentum only, it is called *hernia omentalis*, *epiplocele*, *caul* or *omental Rupture*; and when a portion of both these parts have fallen down, in whatever proportion to each other, it is called *entero-epiplocele*, or a *Rupture of the gut and caul*.

Besides the two circumstances of situation and contents of a Rupture, which afford their different names, there are many other circumstances necessary to be enquired into

into and considered ; such as, the time the patient has been afflicted with the Rupture, the size of it when down ; how large the openings are, thro' which it passes into the hernial sac ; the age of the patient ; whether the Rupture be entirely reduceable, if not, what part remains down. Whether it is easily reduced, or if bound by stricture ; or the reduction prevented by adhesions or alteration of form in the descended parts, or an adhesion of them to one another within the hernial sac. Whether the Rupture is free from, or, attended by inflammatory symptoms and strangulation. What symptoms the patient has suffered ; if common trusses have been applied, and if in consequence, the Rupture be complicated with other disorders, &c.

The symptoms occasioned by Ruptures, would be endless to relate. The most frequent are cholick, sickness, and vomiting. I have a patient, who tells me that he never felt any particular pain from his Rupture ; this made him negligent several years. When he was attacked

with the symptoms of a strangulation, it then became necessary for him to undergo an operation, as the only chance of saving his life.

Patients afflicted with Ruptures are sometimes affected by great or sudden changes of weather. From uncommon fatigue or exercise, eating food of difficult digestion, or such as will occasion flatulency; overcharging the stomach, and often without any other cause than that which arises from the mere descent of the parts from their natural situations, and the interruptions they are consequently exposed to, we find Ruptures attended with very tiresome pains and uneasinesses. I have known patients, who, from a bad neglected Rupture have been worn down into such a hypochondriacal state, that, altho' I afterwards relieved them by the palliative cure of the pains they suffered from their Rupture, yet they never recovered from that melancholic disposition.

Ruptures afford so great a variety in their symptoms, appearances, situations,
and

and circumstances, that it is sometimes difficult even for the most experienced in these cases to give an opinion. What must be the consequence where unskilful persons are trusted or employed to treat a disease of so much importance, and where a mistake may be attended with the most serious consequences? It cannot be matter of surprize to any man of the smallest knowledge and reflection, that so many Ruptures are rendered incurable, and even beyond any relief from surgery, that we find patients so often not only exposed to the immediate hazard of their lives, but actually destroyed, thro' the ignorance of truss-makers, and the presuming temerity of empiricks.

A hernia in its recent state, whilst yet so small, as not easily to be discovered, either by viewing it or examining it by the hand, will occasion painful and even dangerous symptoms; such as cholic, sickness, vomiting, and suppression of stools with inflammation, and even mortification of the parts that form the Rupture.

Every

Every Rupture not properly secured is liable to fall down. Should a portion of the intestine be so compressed in the hernial sac, that the peristaltic motion and the passage of its contents is interrupted, the first symptoms of strangulation will soon take place, such as sickness, vomiting, &c. and the patient will suddenly find himself in very imminent danger.

Whenever this happens, no time must be lost to have the Rupture reduced; for upon the early success of the reduction may depend the life of the patient. I have seen a patient lost from his delaying to send for proper assistance only a few hours. It is a time of the utmost consequence, and if the Rupture is neglected so long that it cannot be reduced by the hand, the patient must suffer one of the most difficult operations in surgery; the operation for the strangulated Rupture; which, though not without danger in itself, becomes necessary as the last resource to save the patient's life.

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If reduction be accomplished by the taxis, or operation of the hand, and the parts have suffered no material injury either from the inflammation, or the efforts made use of to put it back, the symptoms of sickness, vomiting, &c. will generally speaking be easily subdued as soon as a passage by stool is obtained.

It is not sufficient to save the patient. He must be secured from the return of a similar attack. A proper truss must be applied to prevent the falling down of the Rupture again, and consequently the danger of a new strangulation. If the truss proves defective, the patient will be in a worse situation (if possible) than before, by its permitting the Rupture to fall down between it and the os pubis. Such an injury may be done, that the patient will not only be exposed to all the danger of a new strangulation, but the pressure of an injudicious truss must necessarily aggravate the symptoms, and heighten the danger.

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The symptoms of strangulation may take place, and often do immediately after the Rupture is formed; but, on the other hand, there are many instances where the disease has become very large without having been attended by serious consequences.

It is necessary to observe, that although a Rupture has been, for any space of time, free from alarming symptoms, the patient can never be considered in a state of safety whilst the Rupture is suffered to fall down; and, although he be perfectly free from pain, the Rupture is nevertheless every moment liable to fall into strangulation.

The indispensable necessity therefore that a Rupture should be properly treated, and constantly secured must be evident. If it cannot be radically cured, the whole dependence and safety of the patient must rest upon the accuracy and judgment with which the truss is applied and performs its office.

Ruptures are sometimes complicated with other diseases. Other diseases assume the

the appearance of Ruptures, and without exerting the utmost attention practitioners may be frequently deceived, and liable to do a great deal of mischief. In the common treatment of Ruptures we too often find new disorders accumulated from the use of unskillful trusses.

Ruptures are divided into the true and the false. The true Rupture is the tumour formed by a descent of some part or parts of the viscera. The false Ruptures are diseases that only resemble the true Ruptures in appearance, but the falling down of the contents of the abdomen is not concerned.

When we speak of a Rupture, we are always understood to mean the true Rupture, or a falling down of some part of the viscera; but in the case of a false Rupture, we add a descriptive word or epithet, as the hydrocele, which is sometimes called a watry Rupture.

Although the hydrocele and scrotal hernia sometimes put on an appearance very like each other, and may, and no doubt

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have been mistaken by the uninformed in these cases, yet it is well known, that a Rupture and a hydrocele are diseases totally different, whether considered in relation to their causes, consequences, symptoms, or their modes of treatment.

If any of the operations made use of in the radical cure of an hydrocele were applied in the case of a Rupture, it would indicate ignorance, or madness; and vice versa, what is proper treatment for a Rupture can produce no good effect in the cure of an hydrocele.

It is said that the diseases most liable to be mistaken for Ruptures, are the hydrocele just mentioned, the venereal bubo, and that inflammation of the testicle called the hernia humoralis. Besides these, I have known the testicle lying in the abdominal ring, in its passage towards the scrotum; an enlargement of the spermatic vessels; the pointing of a lumbar abscess, as well as other accidental inflammations and swellings, at or near the usual situations of Ruptures, mistaken for these disorders, and
in

in consequence of such mistakes, trusses have been ignorantly and injuriously applied.

To mistake the true nature of any disease, must be attended with danger to the health and safety of the patient ; but in the case of a Rupture, a mistake may and often has been the cause of death.

If an inguinal Rupture be mistaken for a bubo, or abscess in the groin, (a mistake which has certainly happened) and be merely left to itself, it may prove fatal by falling into strangulation ; but if the part should be opened either by the knife or caustic, the consequence must fill the mind of any man of knowledge and feeling with horror ; for allowing us to suppose what is not very probable, that is to say, that in laying the Rupture open the patient would not be immediately destroyed, he will at least, be liable to pass his stools thro' the wound in the groin as long as he lives.*

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Should

* It sometimes, though very rarely happens, that a patient, survives the mortification of the gut. The stools consequently

Should an enlargement of the spermatic vessels be mistaken for a Rupture, a mistake very common with the ignorant, the pressure of a truss upon them will encrease the disorder.

An injudicious truss, by pressing on the spermatic chords, may occasion such an inflammation of the testes and their vessels, as not only to bring on very painful symptoms, but it is sometimes attended with a consequence that every man must naturally be solicitous to avoid.

C A S E I,

I was desired to attend a patient said to be in great pain. The account he gave me of his case, was, that having a Rupture come down in each groin, commonly called a double Rupture, he went to a trussmaker, who supplied him with a truss, and put it

frequently come out at the wound. I have seen this happen both in the groin and navel ruptures. This terrible accident can never happen where proper care is taken, the patient properly treated, and judicious trusses made use of.

it on. In a little time he found himself in a good deal of pain just under the pads of the truss. He went back to the truss-maker to complain, but was told that trusses gave pain at first, and that it would soon go off. This prevailed on the patient to let the truss remain as it was fixed all the afternoon, but such an inflammation and swelling of the testes and their vessels succeeded, and the pain became so insupportable that he was obliged to go to bed, and had sent for me to know what he ought to do.

I immediately took off the truss, which was not only destitute of any anatomical principle in the construction, and inadequate for the purpose of retaining a Rupture properly, but it had, by pressing injudiciously, brought on one of the most violent inflammations in the testes and spermatic vessels I ever saw. It was impossible to examine or to touch the parts without putting him to the greatest agony, and the pain had now excited a very smart symptomatic fever.

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It was necessary in the first place to allay the inflammation, and the usual means of evacuation, &c. were adopted. On the fourth day it was sufficiently abated to permit an examination. The spermatic chords were still considerably enlarged, but I was surprised at not being able to discover the testes in their proper places.

In my first surprise I asked him if they had ever been down into the scrotum;* he assured me they had, and indeed my astonishment was so great, that for the moment, I forgot that I was examining the spermatic vessels, the recollection of which must have rendered the question unnecessary.

The firm, globular bodies of the testes were dissolved, and all that I could find
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* The testes are not originally formed in the scrotum, but within the abdomen, and generally come down a little before or about the time of birth. Sometimes, though rarely, the testes do not pass into the scrotum. It is by no means uncommon to find only one in the scrotum, and the other remaining within the abdomen. I have seen the testicle coming down, for the first time, in a patient of thirty-two years of age, which had been mistaken for a Rupture.

in their places, were, what appeared to me to be small bags, containing a little fluid. The patient could bear me to press them, until I made their sides meet without complaining of the pain. In the dissolution of the testes that had taken place, the remaining parts had not retained any of their peculiar tenderness and sensation.

When the inflammation was sufficiently subsided, I applied a proper truss to prevent the coming down of the hernia, and so far he has remained very easy. I have seen him occasionally as he has wanted trusses ever since, but the testes never recovered not even in the smallest degree.

February 21, 1782, I saw this patient last. He is still in the same state, and tells me that from the time of his having the truss put on which made him so ill, he has not had the least desire or capability of commerce with women.

From this possible consequence we may learn of how great importance it is, that the construction of a truss should be judicious, and that it be skillfully applied.

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In all Rupture cafes, capable of either the radical or palliative cure, trusses are indispensibly necessary ; because, from the moment a protrusion of part of the viscera has taken place, every motion of the body must necessarily tend to enlarge the disorder, and force more and more of the contents of the abdomen from their natural situations. If a strangulation does not come on, the size to which Ruptures will arrive, when neglected and mal-treated, is scarcely to be believed but by those who have seen them.

In proportion as a Rupture and the opening of the abdominal ring enlarges, the difficulty of performing the radical or even the palliative cure may be said to encrease also.

There are two accidents into which a Rupture, when neglected or not judiciously managed, is liable to fall, and of which no patient ought to be ignorant. I mean the strangulation, and the adhesion of the Rupture to the hernial sac.

A strangu-

A strangulation is attended with the most painful symptoms, and endangers the patient's life, or exposes him to a severe and hazardous operation. An adhesion, by rendering the Rupture irreturnable and incurable, places the patient beyond any permanent or even a palliative relief.

When a Rupture, either by inattention or from any accident or defect in the truss, is forced or permitted to fall into the hernial sac, and whilst there, if it be so compressed that it cannot be returned into the abdomen, and at the same time is attended with inflammation, it is then said to be strangulated.

It is scarce necessary to observe, that if the Rupture be of the omentum, the stricture will be less dangerous than when the intestine only is concerned.

A strangulation of the intestine will interrupt its functions, and prevent the passage of its contents. Such a degree of pain and inflammation will come on, that the patient will be incapable of reducing it by any pressure he can produce, or will be

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able

able to bear from himself; and very soon after, he will be attacked with the symptoms of cholic, sickness, and vomiting.

This is a period in which chirurgical assistance becomes immediately necessary; not merely to relieve the Rupture, but to save the patient's life. If the Rupture cannot be reduced, (and that is sometimes impossible without the operation) the pain in the part and bowels will become greater and greater, and the vomiting and straining more violent and more frequent.

As the passage of the contents of the intestine is prevented by the stricture, the patient will soon be incapable of passing any thing by stool; and so long as the Rupture remains bound and irreducible, the symptoms will continue to encrease. The gut at last, if not relieved from the stricture either by the hand or the operation, will mortify.

In the last stage, the patient is attacked with hiccough. The countenance changes, a clammy sweat breaks out all over his body, his hands become cold, and it is not
long

long after these symptoms have taken place before the patient is cut off.

The symptoms which precede mortification are never in any two cases (at least of these I have seen) precisely alike. Before mortification takes place the patient generally has one or more shivering fits, and sometimes becomes delirious: But that indelible anxiety, which constantly attends a patient with a strangulated Rupture, presents one of the most distressing scenes that a man of feeling can possibly attend.

No circumstance that can occur in the practice of surgery is more uncertain than the time in which a Rupture may become fatal after the first attack of a strangulation. I have seen a strangulated Rupture, occasioned by an improper truss, prove fatal in a few hours; and, I have performed the operation with success, when the Rupture had been strangulated several days, and the scrotum had become discoloured from the violence of the inflammation.

When the endeavours of the surgeon to reduce the strangulated Rupture, by the

taxis or operation of the hand, does not prove successful, it becomes necessary, as I have already observed, to perform an operation in order to set the strangulated part free, to obtain reduction, and to prevent mortification.

The exact time, in which it is necessary to perform this important operation, without waiting too long, and endangering the loss of the patient from delay, or hastily exposing him to suffer it, is justly allowed to be one of the most difficult points to ascertain in surgery. It is a knowledge, however, like many others, to be acquired only by experience and observation.

When the Rupture falls down into the hernial sac, and whilst there, if an union or growing together between the parts forming the Rupture and the sac takes place, it is called an adhesion.

An adhesion or adhesions will very probably happen where the Rupture is allowed to remain down; but more especially if the Rupture falls down under a truss, and remains in that situation. If the pressure
does

does not bring on strangulation, it will most likely produce an adhesion. I have seen a great number of these cases from careless treatment, and the use of inadequate trusses.

Whenever an adhesion takes place, and a portion of the intestine is concerned, it is to be considered as a most unfortunate circumstance; for, if the parts be so strongly united that they are incapable of reduction, the patient is not only rendered incurable, but must necessarily be left to the mercy of his disorder.

All that can be done in such a case, is merely the application of a suspensary bandage to suspend its weight; but that cannot secure the disorder from falling into a strangulation.

Besides the adhesion of the parts forming the Rupture with the hernial sac, the alteration of form, an encrease of size, or the adhering of them to one another whilst allowed to remain down, will render the disease irreducible and incurable.

The patient thus circumstanced, must always pay the most rigid observance to his
 exer-

exercifes, regimen, and habit of body. Every thing of difficult digestion, or that occasions coftivenefs muft be avoided, and the patient will often ftand in need of the affiftance of medicine to remove or alleviate thofe fymptoms, that will frequently arife from the interruptions and obftructions fuffered by that part of the gut, confined within the hernial fac.

It has been obferved by writers, that large Ruptures, where the openings are wide through which they pafs into the hernial fac; whatever other inconveniences the patient is fubject to from fize, derangement, &c. yet, that they are not fo liable to fall into a ftrangulation and its confequences, as thofe cafes are in which the portion of protruded parts is fmall, and the paffage narrow. This for the moft part is certainly true, and indeed in fuch cafes it ought to be confidered as a very happy circumftance.

When a ftrangulation, however, does take place in a large irreducible Rupture, if the danger be not fo immediate, yet
 fhould

should the stricture continue, there is very little chance of avoiding the operation. If the parts were irreducible when easy and uninflamed, they must be rendered still more so, when inflamed and swelled, and rendered incapable of being handled. Every one who has seen such cases, cannot be ignorant that the adhesions or alterations of form, in old neglected Ruptures, when necessarily exposed to have the operation performed, must encrease both the difficulties to the surgeon, as well as the pain and danger to the patient.

That the falling down of a small Rupture can be said necessarily to injure or impair the generative powers, is certainly not true, but on the other hand it is to be remembered, that a Rupture may, from neglect or mismanagement, encrease to such a size as to become a prevention.

Few patients are aware of the possible consequences arising from neglected and mal-treated Ruptures. It may seem very extraordinary to the uninformed; but it is certainly true, and therefore they ought
not

not to be unacquainted, that a Rupture no larger than a nutmeg, that has not appeared many days, may prove fatal in a few hours, if either left to itself, or pressed on by an injudicious truss.

Thus far I have endeavoured to give the reader a general idea of the causes, symptoms, and consequences of the disorders, called Ruptures. It must, however, be considered as only the outlines of a disease very extensive indeed in all its varieties.

From what has been said, I think the following conclusions may be drawn, that a Rupture is a disorder very easily brought on, and may be occasioned by a great variety of accidents. That from the neglect of patients themselves, improper treatment, and the use of injudicious trusses, Ruptures will be rendered incurable, and complicated with other disorders; a very essential injury done to manhood, and patients will not only be exposed to the most painful symptoms, but finally, be destroyed, if not saved by a timely interposition of judicious treatment.

In

In the treatment of Ruptures, the two effects of success are known by the terms palliative and radical cures.

Of the palliative Cure of RUPTURES.

NATURE in some diseases not only assists, but sometimes compleats her cures, without any assistance from art. In the case of a Rupture, from the time that a protrusion has taken place, nature does not seem to have the least power of effecting a cure of herself.

The treatment of Ruptures has engaged the attention of the most eminent surgeons of all ages, and it has been considerably improved by the moderns. It would have been very happy for us if a systematic theory, sufficient to direct the less experienced practitioner in the prosecution of so important a cure, had been transmitted to us by writers. The frequent complexedness of the disease itself, and the

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consequent variety in the applications that are necessary to fulfill all the intentions of the surgeon, must form very great difficulties in such an undertaking.

That the cure of Ruptures, is not so generally understood as that of most other diseases, may, I think be in some measure accounted for, without leaving any improper imputation, when we recollect how few opportunities, even the best mode of chirurgical education affords, of seeing these cases, when compared with the frequency of other accidents. A patient, afflicted with a Rupture, is seldom admitted into the hospitals but when it is necessary to perform the operation for the strangulation. I do not remember one patient, who was retained with a view to have the radical cure of a Rupture performed at the hospital, when I was a pupil.

Anatomical and chirurgical knowledge of themselves are not all that is necessary in the cure of Ruptures. To be well informed in the anatomy of the parts concerned, and to be familiar and experienced
in

in the varieties that these disorders are subject to, must give advantages in the treatment of these as well as any other complaint that we are subject to; but the contriving, adapting, and applying of trusses, although highly necessary in the treatment and cure of Ruptures, does not necessarily form an appertenance to the anatomist or the surgeon; and yet without it, our success in these cases must be very precarious.

When a Rupture, from whatever cause, cannot be radically cured, the palliative cure is then the best and only remedy that the case can admit of, or that surgery can afford.

By the palliative cure of a Rupture is meant the replacing of the protruded parts into their natural situation, and there securing them constantly by the means of applications called trusses or bandages.

In effecting this kind of relief great mischief may be, and frequently is done, by the application of trusses, that are not judicious in themselves, or if they be not skill-

fully applied, not only to the Rupture itself but to the neighbouring parts.

Yet in the treatment of a Rupture we must apply trusses ; for, if it be either left to itself, or if the palliative cure at least should fail, the patient will be exposed to the danger of a strangulation, or the disease will certainly become larger and larger, and that sometimes with incredible rapidity. I have seen a hernia scrotalis, where the viscera came down in such quantity, that it measured thirty-one inches round.

It is to be remembered, that the palliative cure of a Rupture implies the constant necessity of wearing a truss, to prevent the ill consequences that may arise from the falling down of the disease ; and, as a Rupture can never fall down without exposing the patient to pain and danger, the necessity and importance of a judicious truss at all times, must be manifest. It is not only the preservation of the patient's ease, but upon it the very safety of his life must depend.

Even

Even with the most proper trusses, attention is necessary that they be in good order. From use or accident a judicious truss may become useless, dangerous, and even fatal to the patient.

With an injudicious truss applied, a patient is justly to be considered as living in a state of continual hazard. It is not reasonable to expect that a truss can be skillfully applied unless the nature of the disease, and the state of the parts concerned, are properly understood, and attended to; therefore we cannot be surprized at any of the ill consequences which arise in these cases when the treatment of them is undertaken by persons of inadequate knowledge.

Many patients have fallen victims to these disorders by the application of such trusses as were not proper and efficient, or used until they became so.

Monf. Arnaud, on the application of trusses for the palliative cure, cautions in the strongest manner against the trusting and employing unskillful persons in these cases.

Speaking of patients, who must constantly

stantly have trusses applied for the palliative cure, he says "The care of such
 " patients has been committed to *common*
 " *workmen*, who pretend to a right of
 " undertaking the palliative cure of Rup-
 " tures by the application of trusses, *such*
 " *as often prove more dangerous than useful.*
 " These persons (trussmakers) not having
 " the least idea of anatomy, nor even of
 " the parts to which they apply these
 " machines; and having no knowledge of
 " the diseases for which trusses are so useful,
 " when they are well contrived, cannot but
 " do a great deal of mischief." Respect-
 ing the preparing of trusses, he says, " But
 " yet, to succeed in this work, one must
 " have a knowledge superior to that of
 " common workmen; a knowledge only
 " to be acquired by the study of anatomy.
 " He that has not an exact idea of all the
 " different configurations of the bones
 " must necessarily be deceived in the con-
 " struction of his trusses, and that Geigerus,
 " Scultetus, Fabricius, Hildanus, Fabricius
 " ab Aquapendente, &c. had done impor-
 " tant

“ tant service by leaving to posterity the
“ models of their trusses.

Mr. Pott, on the subject of trusses, says,
“ In the making and adjusting this kind
“ of bandage, some ingenuity is necessary ;
“ if it be not so made, and so put on as to
“ do good, it will do harm : if it does not
“ keep the intestine up, the patient is
“ much more liable to mischief with it
“ than without it ; and it has often, by
“ pressing on the Rupture while down,
“ proved very pernicious in cases where
“ there has been no degree of stricture from
“ the tendon, &c.”

With judicious trusses, and proper care,
incurable patients are so well secured by
the palliative cure, as to enable them to
fulfil all the functions of life with ease to
themselves, and perfect safety with regard
to their disorder ; at the end of this
pamphlet, the reader will find the opinions
of some eminent gentlemen, relative to the
patent elastic trusses, upon which I shall
only say, that I have bestowed a great
deal of time and study.

Of

Of the radical Cure of RUPTURES.

THE radical or perfect cure of a Rupture, is not only the replacing of the protruded parts into their natural situation, and retaining them there by the application of trusses, &c. but it comprehends the effecting such an union, or closing up of the defective, lacerated, or distended parts, (by which the viscera were permitted to fall down) that they shall again be rendered capable of supporting the viscera within the abdomen without a necessary assistance from trusses, &c.

Every one acquainted with the nature of a Rupture must know, and every one afflicted must feel, that the radical cure ought to be performed if possible, and that no trouble or attention should be omitted to accomplish it.

I do not mean by this to infer, that an operation is necessary, or that any mode of treatment should be adopted that can be attended with the least possible hazard in itself.

itself. On the contrary, in performing the radical cure of a Rupture, although some restraints must be complied with, yet if the treatment be proper, it will neither be attended with pain or danger. An operation is only justifiable and absolutely necessary when the Rupture is strangulated, and it cannot be reduced without.

The radical cure of a Rupture is the only certain prevention against the ill consequences of the disease ; yet it is but too true, that there are many cases which will resist every endeavour that surgery can afford to effect it.

It is commonly understood that the Ruptures of those patients only, who are young, or at least under twenty years of age, are curable. Fortunately for mankind this is not true. Although I have seen the Ruptures of very young patients rendered extremely troublesome to cure, and even incurable by carelessness, injudicious treatment, and from having had unskilfull

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trusses

trusses applied, yet patients advanced in years are not precluded from a radical cure.

Whoever imagines that the mere reduction of a Rupture into its natural situation, and the application of a truss, is all that is necessary to ensure a perfect cure, must not be surprised at being disappointed. To perform the radical cure of a Rupture requires more attention, perseverance, and circumspection than is generally bestowed. It is a cure easily missed, and may be easily defeated; and certainly is not to be depended on from the method in which these disorders are commonly treated.

But to say that a Rupture is as curable as any other disease, would be advancing what certainly has no foundation in truth. It must be admitted, that there are many Ruptures absolutely incurable in a radical sense, and yet we see in the newspapers, advertisements from persons who pretend that a Rupture is as curable as any other disorder.

Those,

Those, who pretend to do more than in the nature of things is possible, may be suspected of doing less than what can or ought to be done. I have read of a person who undertook to cure all the pensioners afflicted with Ruptures in Chelsea College. Such an attempt would have merited pity, had not the means, said to have been made use of to establish such a pretended skill, been marked with indelible disgrace.

That men of desperate fortunes, destitute of reputation, and the principles of honour, should hold themselves out to the public with improper pretensions, I will not wonder at: But that any one, whose situation gave him a claim to a more respectable distinction, should have suffered himself to be called the Rupture Curer to an hospital of Invalids, cannot but excite the contempt of every man, who either has the value of his own reputation, or the honour of his profession at heart.

Although there are frequent instances of Ruptures which cannot be radically cured,

yet I have certainly found some cases curable, which had been deemed otherwise; and that even after they had been very inadequately treated for the palliative cure, and the patients had been tortured for a great length of time with unskillful trusses.

Patients, who have no other means of obtaining information, upon this subject, than what the daily papers afford, might be inclined to believe, from the bold and positive manner that advertisers pretend to cure Ruptures, that they really had some knowledge of the matter; and, that from such persons a chance at least of obtaining a cure might be expected.

I shall now present the reader with some advertised cures.

The delicacy that naturally attends an enquiry into the truth of such a cure, might prevent some, although very desirous of knowing the truth, from taking the necessary measures to be satisfied. Those who may be interested in learning upon what
foun-

foundation these advertisements are sometimes fabricated, may not be displeased to peruse the following cases.

An advertisement appeared frequently in the different newspapers, asserting, that a Price Jones, Esq; aged seventy, had been cured of a remarkable large Rupture, on both sides, by a person who was called Dr. R——. As the address of Price Jones, Esq; was not added, and as the purpose of the advertisement could only be to invite an enquiry into the truth of the cure, the following letters were written to learn where that gentleman could be applied to.

L E T T E R I.

S I R, *Monday, Dec. 1775.*

HAVING been long afflicted with a Rupture, and seeing your advertisement, by which you refer to Price Jones, Esq; for a proof of your abilities, should esteem it a singular favour if you would be so kind as to favour me with a direction where that gentleman

gentleman is to be spoke with, and you
will oblige,

S I R,

Your most humble, &c.

X. Z.

Please to direct for X. Z. to be left at
the bar of the London Coffee-house, Lud-
gate Hill.

Addressed to Dr. R——, Portland-street.

No answer being received, the following
was sent.

L E T T E R II.

S I R,

I HAVE already written to you, begging
you would favour me with a direction to
Price Jones, Esq; mentioned in one of your
papers to have been cured of a Rupture of
long standing, but have not been favoured
with an answer.

As my case will not admit of delay, I
hope you will as soon as possible comply
with my request, or I shall apply else-
where.

Dr. R—— will easily forgive an entire
stranger for requiring some proof of his
abili-

abilities before he trusts himself under his care.

I am, &c.

X. Z.

Please to direct for X. Z. to be left at the Rose Tavern, Bridges-street, Covent Garden.

Addressed to Dr. R——, Portland-street.

As no answer was received; it was determined to send once more, not doubting, if there really was a Price Jones, Esq; his address would be communicated. A man was sent with the following.

L E T T E R III.

S I R,

I have already written to you twice per penny post, to desire of you the address of Price Jones, Esq; whom you assert to have cured of a Rupture.

I gave you my reasons why I desired that satisfaction before I put myself under your care. I have enquired, but can find nobody that knows any thing of you. So many quacks and ignorant pretenders having appeared

peared in this particular part of surgery, and having once been duped by one, who pretended he could cure me, will account for my caution with regard to you.

I shall expect a satisfactory answer to my former request by the bearer of this, and what your demand is for curing a groin Rupture of ten years standing, and if you undertake all cases.

I am, &c.

X. Z.

Addressed to Dr. R——, Portland-street.

The messenger said, that the doctor called down stairs that there was no answer!

C A S E II.

Soon after the preceding letters were written, the following advertisement appeared in the different papers, which I shall present the reader with just as it was frequently inserted.

To

To Dr. R——, Portland-street.

S I R,

* Hearing of your great skill and success in curing of ruptured persons, induced me to apply to you for the cure of a Rupture of upwards of twenty years continuance, which was thirteen inches and a half in length, and seventeen inches round; and, from being in that miserable condition, you have made a perfect cure of me. It is my desire that you will cause to be published the above remarkable case and cure for the benefit of mankind.

I am, Sir, your humble servant,

THO. HERBERT.

Master sawyer of Wandsworth, near London.

They who could believe in the radical cure of such a Rupture, as described in the advertisement, must either be extremely credulous, or very ill informed. I was determined to go to Wandsworth, and make

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some

* It turned out afterwards that this poor man heard of the advertiser's fame by the advertisement relative to Price Jones, Esq; the authenticity of which, I believe, is pretty clear.

some enquiry concerning Herbert, and to try if I could come at the truth.

On the afternoon of the 24th of June, 1776, I went to Wandsworth, accompanied by Mr. Cruickshank. When we came there, Herbert was out, but his wife told us she could fetch him, and that we might see him in half an hour; and we proposed waiting at some inn untill their return. As we were looking for a house to wait at, we passed the house of Mr. Squires, a surgeon at Wandsworth. I proposed to communicate the business to that gentleman, and to beg his assistance in the examination of the case. His being personally a stranger to us both, so far from appearing an objection, seemed rather to point out the propriety of such a step. It gave an opportunity, if the case proved *real*, to be more strongly confirmed, and if there was any thing *wrong*, to be more openly detected.

We fortunately found Mr. Squires at home, who readily acquiesced to our proposal, and politely desired us to stay at his house, and examine Herbert there. Whilst
we

we were waiting it was very natural to make some enquiry into Herbert's character, and it was no small satisfaction to hear that he was considered there as a very honest industrious man.

When Herbert came he gave us the following account. That he was the person advertised to have been cured of a Rupture by Dr. R——. That the first he perceived of his complaint was after an accident of being thrown on the pommel of a saddle, when on horseback, and bruising the left testis. Some time after the part began to swell, and it continued encreasing in size for the space of twenty years, when he was induced to apply to the advertiser in consequence of seeing the advertisement concerning Price Jones, Esq;

I asked Herbert how he knew the swelling to be a Rupture, and if any gentleman of character had told him so, he said no, but that when he made his application to the advertiser, he told him that the disease was a Rupture. That at no

time, not even in bed, had he been able to push it up, or make it less by pressure, that he had never been troubled with cholic, sickness, or any disorder in the bowels, and in short that his chief complaint arose from its weight and bulk.

From what had already passed it began to be evident that Herbert's case had not been a Rupture.

Being asked if he had any objection to our examining the part, he very readily consented. A cicatrix, that presented itself on the fore part of the scrotum, tended to confirm our suspicion. We asked him if he had not had a wound made there, he answered yes, and that the doctor, pushed in an instrument, drew off a large quantity of water, and wounded him in a part that gave him most excruciating pain; that a very terrible fever succeeded, and he had been so ill that himself, his wife, and every body about him thought he would have died.

From what had passed, and a particular examination of the rings of the abdominal muscles,

muscles, it was very certain that so far from Herbert's having been cured of a large Rupture, he had not been afflicted with that disorder, but, that what the doctor had first pretended to the patient, and afterwards to the public, to be a large Rupture, was in truth a very different disease, known by the name of hydrocele, sometimes called a watry Rupture, being a collection of water in the tunica vaginalis testis.

As the hydrocele had only been drawn off by puncture, and as it did not appear upon enquiry that any other measure had been taken to ensure the radical cure, there was reason to expect a return of the disorder.

In about three months he came to my house, and told me that his complaint was come on him again as I had said, but it is easier to conceive than to describe the poor fellow's dejection and unhappiness at the discovery of his situation.

As I had concerned myself so far, I determined to take every step to have the case ascertained. I had it examined in the most general and public manner that the
nature

nature of the case admitted. I had several consultations with my medical friends at my own house. I took him on the consultation day to St. George's Hospital. In short it was by all agreed that Herbert had not been afflicted, much less cured of a Rupture, as asserted in the advertisement.

Let us take a short review of Herbert's case in either of the situations the advertiser, I think, must have been in respecting it.

First, Either he knew the disease to be an hydrocele, or

Secondly, He must have been totally ignorant of its true nature.

If he knew the disorder to be an hydrocele, why did he pretend it to have been a Rupture? And

If he did not understand the case, why did he venture to perform an operation?

If he really believed it to have been a Rupture, as repeatedly advertised, it is to be observed that the operation he performed was not only repugnant to every principle

ciple of surgery, but would in all probability have caused one of the most agonizing deaths that human nature is capable of suffering.

Herbert has never been well since. He is now justly to be considered as one of those victims of credulity who has only the prospect of passing the remainder of his days with a ruined health, and with accumulated disorders.

C A S E III.

A patient applied to me on account of the left testis being enlarged and diseased. The part had been bruised on the pommel of a saddle when the patient was on a journey, and at a distance from home. As the pain abated, he did as most careless people do, that is, he thought it would go off of itself, and consequently did not apply for proper advice, but left it to itself.

The swelling that came on in consequence of the bruise, however did not entirely subside, and he had sometimes uneasiness in the part. He applied to an advertising

verifying doctor, who told him that the disorder was a Rupture, and he continued under his treatment about seven months. As the part continued to encrease in size, and was become more painful than before, he concluded that instead of getting better he was becoming worse, and consequently determined to seek for farther advice. The encrease of pain he ascribed to a lotion which the doctor gave him to wash the part with, which had always irritated and excited pain when he used it.

What the real state of the part was when the patient applied to the advertiser I will not pretend to say, but when I first saw him it appeared to be a truly cancerous testis; it was enlarged, hard, and of an unequal surface, and the spermatic vessels also affected. Even at the first examination there seemed very little probability of saving the part, and upon trial no sensible advantage was attained by fomentation, &c. and as the spermatic chord was enlarging higher towards the ring of the muscle, and as danger was to be apprehended from
delay

delay, I was obliged to advise the removal of the disease. Mr. Hunter in consultation confirmed my opinion, and I accordingly performed the operation. The patient did very well under the cure, and he has continued so ever since.

The advertiser pretended to the patient that this diseased testis was a Rupture. Whether he mistook the case from ignorance, or misrepresented it through craft, I shall not take upon me to determine. Every surgeon who has seen such cases must know, that if the patient had continued under the delusion, it is probable that the cancerous disposition would have got beyond the reach of the operation, and it would have been, in all probability, impossible to have saved him by it.

Of T R U S S E S.

RUPTURES either from the negligence of the patients, unskilful treatment, or injudicious trusses will often become so large, and the ring of the abdominal muscle will be so widened, as to frustrate all possible expectation of a radical cure. In these cases, as I have already observed, the only relief that they are capable of receiving, or that surgery can afford is, to return the viscera carefully into their natural situation, and by judicious trusses to support them constantly there. In this view there are many cases that require only the reduction of the parts, and the application of a proper truss, (and that to be renewed from time to time as it may be necessary) in order to secure the patient against the consequences to be apprehended from these disorders. But when I say there are many Ruptures which require only reduction, and the application
of

of a proper truss, although it is the common language, I do not mean to mislead the uninformed, by any insinuation, that this is always very easily effected. There is more difficulty in the performing this kind of relief properly, and more diligence required to continue it, than is generally believed. I have seen cases of Ruptures which had defeated every attempt that had been made to obtain only the palliative cure for a series of years.

It is not my intention to go farther into the subject of trusses at present than to state the necessity of such kind of applications in the treatment of Ruptures; to enquire how far it is incumbent on us to be particularly careful that the trusses we apply are judiciously constructed; and to point out the hazard of discontinuing a truss where there is a descent.

Much might be said on the inutility and dangers of the trusses commonly applied. However true it is, yet here it might be misconstrued, and therefore I shall refer the reader to form his judgment from the cases annexed.

Whoever is acquainted with the true nature of a Rupture must know, that the intestine can at no time be suffered to fall down without the danger of its being strangulated, and, that a strangulation can never happen without placing the patient in a situation that may endanger his life, or at least expose him to a severe operation. How can we avert these dangers from a patient? The answer is obvious. We have no other means but by reducing the parts that formed the Rupture back into the abdomen, and supporting them there by the application of a judicious truss. I imagine it is not necessary to insist farther on the necessity of trusses.

As an hernia must be constantly liable to fall into a strangulation when left to itself, or permitted to fall down; we also know, that it will be more liable to that kind of danger if a truss be not accurately adapted, and judiciously applied. And although we cannot prevent the falling down of a Rupture without the necessary assistance of a truss, it is no less certain that if the
truss

truss should be defective, it may, not only fail in its immediate and proper office, but it will expose the patient to those very ills, and that in an aggravated degree, from which it ought to preserve him. Most assuredly, therefore, we cannot be too careful in the adapting and applying of a truss.

Although the reduction of a Rupture, and the keeping it up in its natural situation, be two of the most important steps towards establishing the security of a patient, so far as the Rupture itself is concerned, yet we must not from thence conclude, when this is accomplished, that all future attention is unnecessary, or that we are free from all kind of danger. Whilst the Rupture is kept up, and only then we are free from the hazard of a strangulation; but there are other mischiefs to be apprehended and avoided.

The common idea, which does not extend to a radical cure, is, that when a Rupture appears, we are to procure a truss in order to keep it up, and if that be effected, we have done enough. If the Rupture be incurable,
cer-

certainly so far it is true, that reduction and retention is all that can be done ; but we shall very often find, that even when the Rupture is perfectly reduced, and the truss really keeps it up, that still attention cannot be dispensed with. I shall be asked if a truss that presses so as to prevent the falling down of the Rupture be not compleat ? Certainly not ; because a truss may perform this office, and at the same time be laying the foundation of future mischiefs ; for independent of the injuries that are often done to the spermatic vessels, &c. I have no doubt, but many Ruptures are rendered radically incurable by trusses that are capable of and do prevent the descent of the Rupture, from their producing a distention instead of a coarctation of the parts through which the viscera fall down. I am aware that it will at first appear somewhat paradoxical, that a truss that prevents the falling down of the viscera can render a Rupture incurable ; but this is a case in my opinion not merely possible, but frequently true, and forms, I believe, one of the

the most common sources of incurable Ruptures.

The question that naturally occurs now is; what constitutes a proper truss? If by a proper truss we meant a contrivance whose proportions and construction was agreed on and fixed, so as to be applicable to all cases, the difficulties we now labour under in the treatment of Ruptures would be made less*. But this is not, nor cannot be the case. Independent of the different sizes and forms of different patients from infancy upwards, the various circumstances of the disease itself, the different thickness of the adipose membrane lying over the ring of the abdominal muscle; the very great difference in the openings through which the Ruptures protrude, the greater and lesser degree of pressure capable of restraining
Rup-

* The precise form being once established, the knowledge necessary to construct a truss upon anatomical principles might in some measure be supplied by close imitation, and truss-makers then would be less frequently the innocent means of destroying their employers.

Ruptures in different patients, and of the same patients at different times, with other circumstances, that must be attended to, will shew us that every case properly treated must have a truss, constructed, adapted, and applied, to its own particular circumstances, and without which neither success or safety can be expected*.

There are very few cases of Ruptures but may be cured or relieved, and I am also of opinion that where proper care is taken, it is hardly possible for a Rupture to

* I am now saying what ought, rather than what is in every patient's power to have done. It might be asked, what becomes of those patients whose situations abroad or in remote parts of the kingdom prevent them from making a personal application? Many are no doubt lost for want of judicious trusses. Some, either by their surgeon, or themselves, by sending the measure round their waist, and an account of the case, are supplied with trusses, and for this purpose many surgeons correspond with me, and even patients whom I never saw. As success cannot be certain, the patient's chief reliance must be on the accuracy of principle with which the trusses are prepared, and they are after all frequently obliged to come to town. Even very proper trusses must be attended with pernicious effects from misapplication.

to become fatal *. Yet it is necessary to observe that even a very trifling neglect, or mistake, or at least what most people at first would be inclined to call so, can bring on all the dangers, and the worst consequence of a strangulation; and we shall find that this is too frequently true.

A truss that is applied to support a Rupture, cannot be laid aside without

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* I must now be understood to speak of such cases as have not been neglected or mismanaged; where the parts have not formed adhesions to the hernial sac, and are free from strangulation. Wherever these effects have taken place, and they are commonly the consequence of inadequate trusses, &c. no surgeon can say that there is not danger, or that the event will not prove fatal. But I can take upon me to assert, if I may be permitted to allude to the success I have hitherto met with, that a Rupture is not necessarily a dangerous disorder provided it be judiciously treated, and properly attended to. I should be sorry to be misunderstood. It is by no means my wish to make any ostentatious parade about my success, but to advance an opinion that may alleviate useless apprehension, and in which I may hope my authority may have some weight. Under the circumstances mentioned I have never lost a patient, either in private practice, or among the great number of patients in Greenwich Hospital; where, among the pensioners, are probably more bad cases under the palliative cure than are to be found any where else.

exposing the patient to certain hazard. Indeed no patient ought to be without spare trusses by him, as in case of any accident happening to that which he has on he must be left destitute, and in danger. A truss ought not to be worn so long till it becomes defective, for fear of its letting the Rupture slip under it. And indeed it is no more than a proper piece of prudence, in any one who may have been perfectly cured of a Rupture, to wear a truss as a prevention, afterwards, particularly when he is engaged either by his employments or amusements, in exercises of exertion.

Those who see few of those cases will hardly believe how soon mischief will arise, where proper attention is not given, and where the trusses are not judiciously constructed, and very carefully applied. The poor, who are commonly but ill provided in these kind of applications, afford many sad proofs of the ill consequences of inadequate trusses; consequences, which from the nature of the disease, must be expected sooner

fooner or later if proper care be not taken to prevent them.

C A S E IV.

A patient, about forty-five years of age, in other respects healthy, applied to me on account of an hernia inguinalis on the left side. It had at times given him a good deal of trouble, and he had suffered the common inconveniences of unskilful trusses. The disease was to all appearance incurable in a radical sense; it could be perfectly reduced, and it was necessary to apply a proper truss to prevent its descent. In a short time he felt neither pain from his complaint, nor any inconvenience whatever from the trusses that I applied. I gave him a very strict charge never to trust himself without his truss, except when lying in bed, and to apply for another as soon as that which he had on became defective from use. He conducted himself with very proper attention above two years; during which time I saw him when it was necessary, and he was as easy

and free from complaint, by the application of his trufs, as if he had no disorder. He thought that he had had enough of my care, and that he was now very capable of judging for himself. As he found no inconvenience from his Rupture for some time, he imagined himself cured, and that it was needless to continue wearing a trufs any longer; and when the last trufs was worn, he thought it unnecessary to apply for another, and determined to go without.

The day that he left off his trufs he was engaged to dine with a party at an island near Brentford. All the morning, and while he was on his way there, he felt nothing of his Rupture, but in stepping out of the boat he perceived a push at the ring. This however gave him no uneasiness at first, but finding that he could not press it up again, he took an early opportunity of returning to town, and went to bed.

Although he began to be in pain, he did not send for any assistance that night, as he was in hopes, he said, that it would

go off, and that in the course of the night he should be able to get it up again as he had been used to do. He said that he felt himself a little ashamed at first to send for me, as he had done what was contrary to the instructions I had given him. During the night he had cholicky pains, and an inclination to vomit, and at ten o'clock on Wednesday morning he sent for me.

I found a descent not larger than a walnut, and he had, by trying to put it up, already made the part tender to the touch. I endeavoured to reduce it, and was foiled; I repeated my efforts again and again, and still was unsuccessful. I immediately took away twelve ounces of blood from the arm, and ordered a purging enema. The bleeding gave him some relief, but it was of very short duration; the symptoms went on, and not succeeding in my endeavours to reduce the Rupture, I desired a consultation, and Mr. Hunter was called in.

Mr. Hunter tried, and was also foiled. We immediately ordered a bathing tub to
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be got ready, and in the mean time warm fomentations were applied to the groin. The warm bath gave him a little ease, and while he was in, I tried to reduce the Rupture, but with no better success than before. In the course of the afternoon and evening I bled him twice, and we ordered another enema to be thrown up, and as the parts were now very tender from the necessary pressure, we desired the fomentations to be continued.

Thursday. Every endeavour to reduce the Rupture had hitherto given us no hopes of succeeding by the hand, and the symptoms were now become very formidable. In the course of the day the tobacco enema had been thrown up, and ice applied to the Rupture without any advantageous effect, and now every moment lost was certainly of consequence. It was concluded that the operation was necessary, and it was proposed.

The patient begged that we would repeat our endeavours, and that he would suffer the pain a little longer rather than submit

submit to the operation. We represented to him that a loss of time was now of the highest consequence, that a renewal of our efforts to reduce the Rupture might do an injury to the parts, and that a very few hours might place him beyond the benefit to be expected from the operation. He would not be prevailed on. Mr. Hunter came three times in the course of the day, and I remained all day with the patient, in order to watch the change of symptoms, and to take every opportunity, as the fomentations were removed, to try to reduce the Rupture. The part became softer, and less painful to the touch, but still the symptoms were not abated, and the patient would not agree to the operation. We desired Mr. Hawkins, now Sir Cæsar Hawkins, to be called in.

Friday. We met ; Sir Cæsar Hawkins, to a dignity of manners added a suavity of address, that could seldom be resisted. He was of our opinion, but he could not prevail on the patient to submit to the operation. He tried to
reduce

reduce the Rupture, and was also defeated. The part was now less painful to the touch, and seemed rather smaller than it did the day before, and the symptoms were less violent. The first change was far from being favourable, and the last not to be depended on; yet they so elevated the patient that he would listen to no proposals for the operation. It was agreed to give him a smart aperient mixture, to be taken a spoonful at a time, and it was thought proper to bleed him again.

After the third time of taking the medicine, which did not pass, he was attacked with a more violent vomiting than before. We were convinced that the intestine was still confined, and yet upon examining the part it was become so much softer and smaller, that it was difficult to say what the precise state of it now was. As yet that crepitation which marks the gangrenous disposition could not be felt. The operation was again urged and again rejected. I staid with him 'till about one
o'clock

o'clock in the morning, and at five o'clock he sent for me again.

The patient exhausted with pain, and sinking very fast, was now as desirous of having the operation performed as he had been averse to it before. I sent immediately for Sir Cæsar Hawkins and Mr. Hunter. Although the success of the operation was now extremely doubtful, yet bad as it was, it was his only remaining chance. Mr. Hunter operated. Upon laying the hernial sac open, a very small portion of strangulated intestine was discovered highly discoloured. A slough had been formed on it rather less in diameter than a six-pence, and about the centre it penetrated quite into the intestine. When the stricture was set free, the contents of the intestine issued through the aperture. A ligature was passed into the mesentery to secure this opening in the intestine to the ring of the muscle, the wound was properly dressed, and the patient, who was very low, had a cordial medicine ordered

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him. After the operation he said that he felt himself much easier.

About five o'clock in the afternoon he died, attended with those symptoms that precede death in similar cases.

On Monday we examined the body. There had been just enough of the intestine jejunum down to include the whole canal in the stricture. The viscera in general had partaken of the inflammation, and there was some bloody water in the cavity of the abdomen.

Had this gentleman followed the directions that he received in the first instance, and taken care to continue the application of judicious trusses, it was hardly possible that he could have fallen into the state of a strangulation. If he had sent for assistance immediately on his return home, it is probable that the Rupture might have been reduced before it became so much inflamed as it was in the morning when he did send. And, if he had submitted to the operation when it was proposed, even after all his life might have been saved.

C A S E

C A S E V.

A person in business, about the middle time of life, in lifting some goods that were heavy, occasioned a double Rupture. He was recommended to me. I reduced it, and applied a proper truss to prevent its descent. With this kind of application he continued his business as well as if he had no such complaint for two or three years; and only called on me as he found it necessary to have his truss renewed.

On one of these occasions he was induced, from a notion of œconomy, to purchase one of a man who pretended, and advertised, to make trusses on Mr. Brand's principles, and the patient concluded that he could trust to his own experience of the matter to judge of its being proper or not. He applied it with confidence, but was mistaken. The truss, although it had a resemblance, was sufficiently destitute of the necessary principle of construction to let the Rupture come down under it on both sides, and occasioned as violent strangulation as I ever saw, par-

ticularly on the right side. He endeavoured to reduce it himself in vain, and became very ill, and he sent for Mr. Sheldon, sen^r.

Mr. Sheldon desired that I should be sent for, and in order to save time, he drove immediately to my house, found me at home, and we returned together. The patient was extremely ill, and such an inflammation had come on, that it was with very great difficulty that I could reduce the Ruptures, particularly that on the right side; and I believe the reduction was effected but just in time to save his life. He was some time in recovering. He had a proper truss applied once more, and I believe he has not exposed himself to the same hazard since.

C A S E VI.

May 24, 1780, about half past ten in the morning I was desired to attend a patient at St. Martin's-Lane, who had been very ill all night. He told me that a Rupture, with which he had been troubled some years, had fallen down the evening
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before; that he had not been able to put it up again, and had passed the night in very great pain, attended by sickness and vomiting; that finding himself still worse in the morning, he had sent for Dr. Wm. Fordyce, who finding the case a strangulated Rupture, desired him to send for me.

I found a hernia scrotalis on the right side about the size of a swan's egg, or rather larger, strangulated, and highly inflamed. I immediately proceeded to reduce it, and in a few minutes, without putting the patient to very great pain, or much difficulty to myself, returned it. The patient said that he found himself much easier, and gave me the following particulars of his case:

That his Rupture first appeared when he was sixteen years of age, and he was now upwards of thirty years old. That when it first came down he was sent to a truss-maker, and told that by wearing a truss he would be cured. He had, however, instead of a cure, not been able to have it kept up; and as it used frequently
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to get under the pad of the trufs, it continued to encrease in fize, and he had gone on above fourteen years in this way, applying to different trufs-makers.

About a year ago, or rather better, he faid he had been recommended to me; that I immediately reduced his Rupture, and applied a trufs, with which he had been eafier than he had ever been before fince he had been afflicted with the Rupture, and that it had never come down from that day until laft night.

I asked him if he had the trufs on at the time the Rupture came down, and he faid yes. I begged him to fhew me the trufs, concluding that from ufe the ftructure of the pad had been worn away, or that the fpring had received fome injury. He took a trufs from under his pillow, and gave it to me. I told him that he muft have given me a wrong trufs, as I certainly never had applied fuch a trufs; and befides that, from its appearance, inftead of having been ufed a year it could not have been worn above a day or two; but

but he told me that he would soon explain how all this was.

When he applied to me, he said, I told him that there was no probability of a perfect cure, and that he must wear trusses constantly as long as he lived; that I had desired him to call upon me again the next day, but finding himself very easy, and his Rupture quite up, he thought it was not necessary, and had not called. That the truss from use had become so worn and disagreeable, that he took it to a truss-maker to get it new lined as he called it, but that in doing so, it was somehow altered from what it had been before; for that putting it on, and being engaged to go to the play the preceding evening, he there found himself a little sick about nine o'clock, and soon perceived that the truss had let the Rupture get down under it; upon which he came home.

By the time that he got home he complained so much of a pain in his bowels, that the gentleman of the house gave him a glass of rum or brandy, thinking it a
pain

pain proceeding from the cholic. He was no better, and went to bed soon after; finding himself in greater pain, he sent for his apothecary, who very properly bled him; and for what reason I do not understand, a blister was applied to the abdomen. No manual attempt had been made to reduce the Rupture, the patient passed a terrible night, and in the morning Dr. Wm. Fordyce was called in, who ordered the blister to be taken off, directed a fomentation, and desired them to send for me; but could not wait until I came, being obliged to visit a patient out of town.

The truss had been spoiled, and its efficiency destroyed. The patient was now lamenting his imprudence in not keeping well when he was so, considering what he had suffered before he had been recommended to me, and blamed his ill-timed parsimony; for it seems he had taken the truss to be lined only to save the expence of a new one. He begged that I would apply a proper truss again, and that
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in future he would take care to avoid exposing himself to a similar misfortune.

I have already said that I very soon reduced the Rupture, and that the patient felt himself easier. The symptoms had been very violent, and their last consequence was taking place very fast. His pulse was already scarce perceptible, and he was sinking very fast to dissolution. It was painful to hear a man troubling himself about trusses when his period was so near, but he was not sensible of his danger.

Under pretence of going for a truss, I left the room in order to acquaint the patient's friends of his situation, but as they had just heard him speaking so well, they would scarce believe me when I told them that I did not expect him to live an hour. I desired, if they wished for a consultation, that they would send immediately for any gentlemen they might wish to be called in. In thirty-two minutes he died.

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Next day I opened the body. Dr. Wm. Fordyce and some other gentlemen were present. That portion of the intestine (ileum) that had been bound by the stricture was very deeply discoloured, and the intestines in general had partaken of the inflammation. But no slough of any part of the intestinal canal had taken place so as to permit it's contents to be shed into the cavity of the abdomen, and the rest of the viscera had every appearance of soundness and health.

C A S E VII.

August 6, 1780. A person came to my house, desiring that I would go immediately to Wandsworth to a patient with whom Dr. Rose, of Putney, had just been, and who had desired him to send for me.

I found a very strong man, about forty-five years of age, who gave me the following account of his case. That about ten years ago he discovered a Rupture on the right groin, for which he applied
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to a surgeon of eminence in London, who sent him to a truss-maker in the city to procure a truss. He had had several trusses, but his Rupture had not been kept up properly, and he believed he fretted so much about it, that he brought on another Rupture on the left side; for he found that one came down on that side soon after. For the double Rupture he had also had many trusses, but was so unsuccessful that the Rupture had several times fallen down under it, and gave him considerable pain, but not so as to lay him up, as hitherto he had been able to reduce it again whenever it came down.

Two days before I saw him, as he was riding from London to Wandsworth his horse fell down, and threw him. The truss, instead of supporting the parts properly, had pressed on the Rupture so as to bring on a strangulation. He came home, and was attended by his apothecary; but what had been done, I do not know. Dr. Rose had been called in as I have already said, and then I was sent for.

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By the time that I saw him he was dying. But he was by no means aware of his danger, for he was up, and had his cloaths on. He had suffered the symptoms of strangulation, and his Rupture was still down on both sides. That on the right side I reduced without much difficulty, but the Rupture on the left, which was the most recent, gave me a great deal of trouble. I applied a truss in the afternoon to prevent its falling out again. He died early the next morning. I could not examine the body after death.

C A S E VIII.

Mr. Hunter called on me one evening to desire that I would go up to Bond-street to see a patient for him, concerning whom he that instant had had a note put into his hand from Dr. Wm. Fordyce, to acquaint him of his having just seen a poor man who was perishing for want of assistance of a strangulated Rupture, and requesting, if he could not go immediately himself, to send somebody as soon as possible. Mr. Hunter being engaged, desired me to go.

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The patient's name was Joseph Caballo, he was an Italian hair-dresser, and lodged at an apothecary's in New Bond-street. He seemed to be about thirty-five years of age, and had been afflicted with a scrotal Rupture on the right side several years. He had had trusses applied both in Italy and England, in that inadequate manner which is but too common, and too frequently the source of unhappy consequences.

His business obliged him to run about a great deal, and his Rupture used frequently to slip under the pad of the truss, and he always took the first opportunity of putting it back again; in this way he had been accustomed to go on with it, sometimes up and sometimes down, ever since he had been afflicted with the Rupture.

Nine days before I saw him, the Rupture came down under the truss, and when he tried to put it up again he found that he could not succeed. The pain obliged him to go to bed, where the symptoms of stran-

strangulation soon came on. He had not been attended by any surgeon that I know of, however he said that he had been bled twice, and a purging medicine had been given him with a view of procuring stools, and Dr. Fordyce had just been desired to visit him, who immediately wrote to Mr. Hunter as I have mentioned.

What manual attempts had been made to reduce the Rupture, besides those the patient made on himself, I do not know. If any had been made, they had not been successful, and the point of time, in which a rational expectation could have been formed of saving the patient by the operation, had escaped. All hopes of relieving the strangulated intestine, and returning it into the abdomen, in order to perform its functions again, was now past ; for, upon applying my hand to the groin, that dreadful crepitation, the sure mark of gangrene within, struck me with that horror which any man, not lost to the feelings of humanity, must suffer, at seeing a fellow crea-
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ture almost in the center of the metropolis, who had suffered all the tortures of a terrible disorder in its worst situation, without a skillful or judicious attempt to relieve him having been made for nine days, and now in all appearance he was dying for want of such timely assistance. A person came into the room, (but who he was I neither know, nor did I take the trouble to enquire) and asked me if I did not think that bleeding him would be of service. I believe I did not answer so absurd a question with patience.

Those who know or have seen what a patient suffers from a strangulated Rupture, would almost pity the man who could live nine days in so dreadful a situation. The patient was still sensible; but he had a cadaverous countenance, his eyes were sunk in his head, with a cold dew hanging in large drops on his face, and altogether he was as pitiable a spectacle as human nature could be transformed into, or the mind is capable of conceiving.

The

The poor fellow worn out with pain and want of sleep, seemed now quite calm and resigned. He asked if any thing could be done for him. If an operation was necessary, he said, he did not know what he should do, as he was destitute of the means of employing a nurse or any one to wait upon him. The parts in the hernial sac were evidently mortified, and in all human probability the patient had a very little time longer to suffer. The only chance of life remaining, and that an improbable as well as a very melancholy one, was, by laying the hernial sac open for the mortified part of the intestine to be removed, and the fæces to be discharged at the groin.

I ordered a couple of chairmen, who instantly carried him to St. George's Hospital, where Mr. Hunter soon came. Upon his laying the hernial sac open, part of the mortified intestine came away, and also a quantity of fæces was discharged at the wound. A light dressing was applied,
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and a poultice was put over the whole, and Mr. Hunter ordered him an anodyne draught, and left him.

Next morning I went to see him, and expected to have found him dead, but he was alive and better. Without entering farther into the history of this case, suffice it to say, that the patient has passed his stools at the groin ever since, which has made him extremely offensive to himself and to those about him. Caballo remained a patient in the hospital about two years, and then was discharged. Mr. Hunter at two different times endeavoured to unite the ends of the intestine, but the operation was not successful, although unquestionably performed in the best manner.

This poor man is now incapable of providing for himself. Whenever he sits up, the intestine inverts, protrudes, and gives him so much pain that he is obliged to lie down; nor can he bear a sufficient degree of pressure on the part to prevent it's falling down, so as to be able to sit up constantly, for I

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endeavoured to assist him, but was not so happy as to succeed *.

I have lately seen an advertisement in the newspapers, from this unfortunate man, soliciting the charity of the humane, and the last time that I saw him he was sitting in a chair in Leicester Fields for the purpose of receiving alms. The decency of his appearance was not suited to excite compassion from the multitude, and modesty prevented him from exposing his dismal situation. Such is this unhappy man's case, primarily occasioned by an inadequate truss.

It is hoped there are many who wish to contribute their mite to the alleviation of such united misery and indigence, and give me leave to assure such, that human nature can hardly furnish a calamity more dreadful,

* At Paris I was shewn a truss for this particular misfortune, with a hollow pad, and a receptacle added to receive the faeces. But I never saw one applied, nor do I believe it will answer the purpose in general, at least it would not in this case, as the gut protruded, and occasioned such uneasiness as to oblige him to take it off.

dreadful, or charity discover an object more fitted for its benevolence.

C A S E IX.

A gentleman from the city applied to me on account of a large hernia entero epiplocele scrotalis on the left side. He had had the disease a long time, and trusses had been applied in the usual way. They seldom had kept the Rupture up, and it consequently gave him a good deal of uneasiness; 'till at length the difficulty of keeping up the complaint became so great, or the trusses were so deficient, that he was obliged, from the uneasiness he suffered, to leave them off, which he had done entirely several years; and since then he had been advised to wear a bag truss to suspend the weight of the tumour, which was altogether near the size of a quart bottle.

Upon a cursory examination, very little, or indeed no hopes of relieving this case could be formed. The patient complained that he was frequently subject to violent cholics, sickness,

sickness, and pains in the groin, which obliged him to go to bed immediately when they came on ; and in short, he was in so precarious and so uncertain a state, that he could not depend on being easy a day together, however composed he might keep himself.

All these symptoms undoubtedly arose from the obstruction that some part of the intestinal canal suffered, by being pressed in the ring of the muscle, and occasioned the pains he complained of. But the Rupture had not been entirely reduced, several years, and as the trusses had pressed on the descent, it was therefore most probable that such adhesions had taken place, that it would now be impossible to give him any relief.

I examined the case with attention, and found that after some difficulty I was able to reduce the intestine, which I effected entirely ; but the omentum, at the lower part of the hernial sac was so consolidated into a rounded hard mass, and was so large, that from its size alone it
forbad

forbad all reasonable expectation of its ever being returned.

As soon as I had been able to reduce the intestine, I ventured to give the patient a very favourable prognostic. I knew that by keeping up the intestine I should be able to remove the painful symptoms that he laboured under; but I also knew that this would be extremely difficult to effect. When I told him that I believed it was in my power to prevent those painful symptoms he complained of, he observed, that I promised him a great deal, and although it was his interest not to doubt me, yet he wished, if I had no objection, that I should consult with some other surgeon on the case. It was agreed, that when he went home he should enquire among his friends, and send to a gentleman to meet me the next morning at his house at ten o'clock; but, if he could not fix a meeting at that hour he was to let me know. I ordered him to take an opening medicine, and to keep in bed in the morning until we should meet.

I went

I went to the time, and found Mr. Sharpe by the bed side. It must ever be the advantage, and it ought to be the ambition of every one to meet, and to submit their opinions to gentlemen of larger experience; and where an integrity of intention is evident, even inferior skill has a right to expect candour. The patient, who had left me the day before full of hope, had now a very dejected countenance. He had, it seems, informed Mr. Sharpe, previous to my coming, what had passed the day before, but he received no encouragement to expect success. I was not, however, conscious of having given a hasty opinion, and I begged, if Mr. Sharpe saw any impediment to the relieving this case more than the difficulty it might be attended with, to be informed of it, and that I was ready to listen to any objection that his better knowledge, or greater experience might suggest. None, however, were offered to alter my opinion, and Mr. Sharpe civilly allowed that I might have seen such a case before, as he understood I was paying
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attention to these disorders, and therefore that I was the best judge what I could do.

It cannot be a pleasing circumstance to set out in the treatment of any case with a patient who has not the fullest confidence in the practitioner. A prejudice against either his opinion or his ability is a proper reason for any surgeon's not proceeding until it be done away openly and fairly; and if it cannot be removed, it is a duty which every gentleman owes to himself, to resign the patient to the care of those in whom the necessary confidence can be placed.

In this case I was particularly situated. I had given the patient reason to hope for the removal of a very painful, and I may add a very dangerous disorder, and there was not that inducement for me to leave him as if another had proposed to do more for him than I could; for the case had been given up by those who had seen it before me; and although Mr. Sharpe did not directly say that nothing could be done,
yet

yet he seemed to have so little expectation of success, that it appeared to raise a prejudice by no means in my favour.

To take up a case that had been resigned to its fate; which, in the most favourable circumstances that it is possible to conceive such a kind of Rupture to be, must always be difficult to relieve, from the lubricity of the omentum lying in the passage of the hernial sac, rendering the intestine very liable to slip down, and very difficult to keep up: when it is considered that the degree of pressure must be limited and applied with the utmost circumspection, for fear of bringing on such symptoms as the pressing injudiciously on the omentum must endanger, and yet that that pressure must be adequate to prevent the intestine from falling down, otherwise instead of removing the disorder, it must be aggravated: add to these, that the patient was a lusty man with a plenitude of abdominal viscera, which added greatly to the difficulties; that I, who was very early in practice, (for this gentleman was one of my

my first patients) did not acquiesce with a gentleman whose opinion would have relieved me from so difficult a piece of business. I will confess, that taking only these circumstances into consideration, my proceeding had the appearance of presumption. But I had just left a master who teaches his pupils to judge for themselves, and not to be merely the passive agents of other men's opinions, however high their consequence may be.

I had some trouble, but I was successful.

C A S E X.

Mr. Elfe, late one of the surgeons of St. Thomas's Hospital, did me the honour to desire that I would meet him there to see a patient who had been confined to his ward some time on account of a Rupture. His name was John Evison. In his account he said that he had belonged to the hospital, in different employments, above twenty years; that about twelve years ago he was beadle, and in helping to carry a sick woman up stairs, he occasioned a Rupture

ture on the right groin. For this Rupture he had had trusses applied from time to time; however, they had not been sufficiently adequate to prevent the encrease of the disorder. He had sometimes suffered these griping pains in the bowels which are common in such cases, and about a year and three quarters before I saw him the Rupture fell under the truss, and strangulated. For the strangulation he had been treated with that success, which it is reasonable to expect, where such eminent surgical assistance was to be met with; the operation had not been necessary, but it seems that he had been in great danger. I was also informed that Mr. Elfe, whose week it was to attend accidents, being engaged, Mr. Smith had attended Evifon for him.

Some time before the strangulation, Evifon found it difficult to have his Rupture kept up; but since that time, he had not been able to get it kept up at any rate. The truss-maker had taken a great deal of pains

pains to make trusses, and Mr. Elfe was tired of giving directions.

Evifon said he lived a sad life; for that now whenever the Rupture came down, he suffered so much pain, that he was obliged to lie down immediately to put it back again; he could not, even with his hand, prevent it's coming down but a very little time when he sat up; and the trusses gave him so much pain that he could not keep them on, and in short, for the last twenty months, he had been obliged to keep almost constantly on his bed.

This was the situation in which we found Evifon, a man above sixty years of age, and only one circumstance in his favour, which was, that no adhesions had taken place. It was on the 12th of Sept. 1777, when we met, and I was then under an engagement to set out for Paris the 18th, an engagement which I had already been obliged to postpone, and could not put off again; it was therefore not in my power to do any thing for Evifon at that time. I gave my opinion, which was, that

I made no doubt but the case would admit of the palliative cure; that is to say, that the descent could be entirely kept up, and consequently that the painful symptoms occasioned by the Rupture would be relieved, and prevented in future.

It was the 15th of December when I saw Evison again, and found him just as we had left him, and then I also met Mr. Baynham, who assisted Mr. Elze in his anatomical pursuits.

Without making any parade, let it suffice to say, that in less than a fortnight I enabled Evison to quit his ward. His Rupture was compleatly constrained, and he was entirely freed from all the disagreeable symptoms of his disorder.

Evison was again able to do his business in the hospital, which I understood was now that of assistant surgery man. His case required a great deal of care to maintain the palliative cure, and a frequent renewal of his trusses. He applied with very proper attention. The last time that he came to my house was the 30th of October

October last, when he wanted a new truss. It was then almost four years since he left his ward, nor has he had the least trouble from his Rupture ever since*; and notwithstanding he is sixty-eight years of age, he is able to continue in his place at the hospital.

C A S E XI.

A gentleman of fortune, had a hernia scrotalis above forty years. The radical cure had not been performed; and altho' he had had trusses applied very constantly, the disease became worse and worse, that is, it came down larger and larger, 'till at length, he could not even obtain the palliative cure, and was obliged to content himself by supporting the tumour in a bag truss.

This had been the situation of this patient for several years before I saw him; but he had omitted no probable chance of receiving a remedy. He had been attended
since

* This patient, from a principle of gratitude, desired me to publish his case, and for that purpose, gave me a letter acknowledging the relief he had received, which I have made no use of.

since the first of his complaint, by almost every surgeon who had a knowledge of these disorders, as well as by some who pretended to that knowledge. He had made a journey to Paris, on purpose to try if he could obtain the palliative cure there, and returned successful. So far his account.

By the time that I saw him, he was become so entirely a valitudinarian, that he could never venture to go out. He was troubled with an almost perpetual *tenesmus*, but hardly ever had a stool without medicinal assistance; and indeed it was necessary to watch the state of the intestinal canal, lest by the accumulation of indurated feces that part contained in the hernial sac might be strangulated. Mr. Pinkstan directed his medicines.

This patient, for his Rupture, had been attended by some men of science, particularly a Mr. Dappée, who died long before my time. The trusses this gentleman applied, were upon a construction very superior to those made in the common way. I have heard that Mr. Dappée
was

was a surgeon at Bristol, and having been successful in his attention to Rupture-cases, came to London, and was patronized by the most eminent surgeons of his time.

I hope I shall not be suspected of attempting to draw more merit to myself than I ought, if I say that the Rupture, at that time, must have been much easier to have had the palliative cure performed, than when I attended.

Mr. Pinkstan attended almost every day with me. It required a great deal of trouble and a long attendance, and I succeeded in the palliative cure.

C A S E XII.

A man presented himself, as a patient, with the usual recommendation, at one of the first hospitals in this metropolis.

The surgeon, a gentleman of most unquestionable character, who was examining the patients who were to be admitted, asked him what his disorder was, and he said, that he had a pain in the bowels.

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He was told, that such a complaint was not of consequence enough to make him a patient; upon which he said, that as his master had sent him, he thought he should be taken in, but went away, without saying any thing more particular.

By some means, a rumour ran among the pupils, that this man had a Rupture, and with a very laudable humanity, it was mentioned to the surgeon.

The name of the patient's master being known, served as a clue to find him out, and some of them went in quest of him, found him, and brought him back to the hospital about six o'clock. Every thing that might be wanted, was put in readiness, and the surgeon was sent for.

In the mean time, the patient laid down upon a bed, and the pupils waited to see the event.

When the surgeon arrived, about seven o'clock, he went to the bed-side to see him, and finding the operation immediately necessary, left him only a few minutes to give some directions, and upon his return, he found the patient dead.

This case was related to me by a gentleman who was present, and of whose veracity I have no doubt; and I repeat it, as the case is recent and very well known, and because there are some, who, through ignorance or obstinacy, do not know, or will hardly believe, that a Rupture is a disease that can be so sudden, and so fatal in its consequence.

From these cases we may conclude, that the radical cure of a Rupture is the only certain security by which a patient can be truly considered as entirely free from the hazards of the disease; or, in other words, that so long as the Rupture can protrude, or fall down, it is within the reach of danger, unless the necessary care be taken to prevent it.

Although the radical cure is attainable by judicious treatment, it is sometimes extremely difficult to accomplish, and always requires the firmest perseverance; but whoever pretends to be infallible in these, or any other cases of surgery, must either

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be

be pitied for his weakness or despised for his arrogance. There are doubtless many Ruptures that remain not cured, only because they have not been skilfully treated.

Instead of the radical, our only *succedaneum* is the palliative cure; and this is of neither more or less importance, at all times, than as we value the ease, the health, and the life of our patient.

To effect this kind of cure we must constantly depend upon art,* for nature affords us no assistance. Upon the trusses or bandages therefore being skilfully constructed, judiciously applied, and in perfect order, the patient must rely for whatever ease and safety he is to hope for during life; as, from an omission, a defect, or a mistake, he is perpetually liable to the most serious consequences. There are few applications in surgery that require more accurate knowledge or stricter attention. These

* " In the Application of a Truss to these Kinds of Swellings (RUPTURES) a great Deal of Judgment is sometimes Necessary, and for Want of it, we daily see Trusses put even on BUBOES, indurated Testicles, HYDROCELES, &c."

SAMUEL SHARPE'S Treatise of the Operations of Surgery.

These are facts which I believe cannot be denied but in the language of quackery.

I shall now take leave of the reader for the present, sensible that I have been obliged to speak of some very unfortunate truths; but experience will discover, that I have so far related only, that which every man, woman, and child, under the same circumstances and situations, are certainly liable to from these complaints, and inadequate treatment.

The uninformed may possibly be obliged to me; and to such, whose knowledge may render these papers of less importance, I shall only beg leave to say, that I hope one day to lay before them something on this subject more worthy of their attention.

From the late Sir EDWARD BARRY, M. D.

I have seen some instances where Mr. BRAND'S ELASTIC TRUSSES have been successful where others have failed.

EDW^d. BARRY.

From

From JOHN HUNTER, Esq;
Surgeon Extraordinary to the KING.

I have often examined, and seen Mr. BRAND apply his ELASTIC BANDAGES, in different cases of Ruptures, and I am of opinion, that his method of constructing and applying these applications, is on a principle more skilfull and efficient, and consequently, that they are more important to the safety of the patient, than any that I have seen.

JERMYN-STREET,
ST. JAMES'S.

JOHN HUNTER.

To Mr. BRAND, Surgeon,
Soho-Square.

F I N I S

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